



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 4:12 pm, Feb 03, 2016

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 030791	PRINTER SN 84.9324.152	DATE OF INSPECTION 02/03/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Hazelwood PD BAT VEHICLE		TIME OF INSPECTION 11:00 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION

☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth Laboratories Inc. LOT # 14220 EXP. DATE 09/24/2016

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2742 SIMULATOR EXP DATE 11/09/2016

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .099

TEST 2 .098

TEST 3 .098

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Simulator solution bottle number 960

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Anthony Kristo

TYPE II PERMIT NUMBER/EXPIRATION DATE

250242, 11/17/2017

TELEPHONE NUMBER

(314) 838-5000

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

800 NORTH 6TH STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00152

Temp Date Time 210L

Air Blank:
02/03/16 11:00 .000
Calibration Check:
20 02/03/16 11:00 .099

Subject Name

TEST

Subject I.D.

Verdo, 378

Operator Name, I.D.

Hazelwood B.A.T.

Location

Vehicle

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00154

Temp Date Time 210L

Air Blank:
02/03/16 11:03 .000
Calibration Check:
21 02/03/16 11:03 .098

Subject Name

TEST

Subject I.D.

Verdo, 378

Operator Name, I.D.

Hazelwood B.A.T.

Location

Vehicle

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00155

Temp Date Time 210L

Air Blank:
12 02/03/16 11:04

Subject Name

TEST

Subject I.D.

Verdo, 378

Operator Name, I.D.

Hazelwood B.A.T.

Location

Vehicle

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00153

Temp Date Time 210L

Air Blank:
02/03/16 11:02 .000
Calibration Check:
20 02/03/16 11:02 .098

Subject Name

TEST

Subject I.D.

Verdo, 378

Operator Name, I.D.

Hazelwood B.A.T.

Location

Vehicle



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2988 VOICE 1-800-735-2466
Gail Vasterling
Director



Jeremiah W. (Jay) Nixon
Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: HAZELWOOD PD
Serial Number: SD2742
Manufacturer: Guth
Model Number: 10-4D

CALIBRATION RESULTS

<u>Reference</u> <u>Temperature</u>	<u>Simulator</u> <u>Temperature</u>
33.96	34.0

This calibration was performed with
NIST-Traceable Thermometer SN: 093752

This simulator was tested by: RWW

This testing was performed: 11/09/2015

This certification expires: 11/09/2016

Signature of certifying DHSS
Scientist:

Name of certifying DHSS Scientist: Ellen Strawsine



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

**PERMIT
TYPE II**

ANTHONY T KRISTO

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):


ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/6/2015

NUMBER 250242

EXPIRES 11/6/2017


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	INSTRUMENT OPERATOR CARD
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
	
Operator KRISTO, ANTHONY Permit No 250242 Date Issued 11/6/2015 Date Expires 11/6/2017	